

VACCINES FOR CHILDREN (VFC) PROGRAM

RETURN OR TRANSFER OF VFC VACCINES REPORT



Instructions:

1. Please print or type. Complete this form and then fax (toll-free) a copy to the VFC Program at 877-FAXX-VFC (877-329-9832).
2. Make a copy of this form for your records. Enclose the original copy of the form in the package with the non-viable or expired vaccines you are returning to the VFC Program. You may use a postage-paid container in which you receive your normal vaccine shipments.
3. McKesson Specialty does not accept viable vaccine returns directly from VFC providers. Please contact the VFC Program for instructions and approval of viable vaccine returns.
4. Clearly label the outside of the shipping container "Non-viable Vaccine enclosed".
5. Do not return viable vaccine to the VFC Program without prior approval of the VFC Program.

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		PIN
		COUNTY
MAILING ADDRESS (NUMBER/STREET)		DATE
CITY	ZIP CODE	
CONTACT PERSON	TITLE	
TELEPHONE NUMBER	FAX NUMBER	

VACCINE TYPE	MANUFACTURER	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES	TRANSACTION CODE (SEE BELOW)	FOR STATE USE ONLY			
						VACCINE RECEIVED IN GOOD CONDITION?			COMMENTS
						YES	NO	N/A	

TRANSACTION CODES—Enter one of these codes into the column above. Provide additional information as required.

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1	Viable Vaccine— Transferred to Another VFC Provider	NAME	PIN	TELEPHONE	<i>You need the prior approval of the VFC Program to transfer VFC vaccine to another VFC provider.</i>
2	Viable Vaccine— Received from Another VFC Provider	NAME	PIN	TELEPHONE	
3	Spoiled Vaccine— Returned to the VFC Program	<i>Return vaccine to: McKesson Specialty Distribution 4853 Crumpler Road Memphis, TN 38141 Attn: Eric Doss/ Tommy McRae</i>			<i>You must send the VFC Program, with this report, a letter detailing the events (e.g., power outage) that resulted in spoiled vaccine.</i>
4	Expired Vaccine— Returned to the VFC Program				